

COSA Survivorship Research Fellowships

Topic summaries



The COSA Survivorship Fellowship program has been developed to help address the Survivorship Group’s strategic priorities, while mentoring and supporting the development of promising early career researchers with the aim of improving clinical practice and directly advancing research priorities in cancer survivorship.

The Fellow will take the coordinating and leading role in a project from one of several priority areas. The parameters of each project will be further developed by the chosen Fellow in consultation with their mentoring team.

Research topic	Early direction
<p><i>Addressing multimorbidity in cancer survivors</i></p> <p>Primary mentor: Prof Bogda Koczwara</p> <p>Second mentor: To be selected with input from the Fellow</p>	<p>Cancer survivorship to a large extent is a problem of multimorbidity but it is rarely approached as such. This research aims to review and adapt the existing National Framework for Chronic Disease to meet the needs of Australian cancer survivors and identify priorities for future research and policy development. This work will align survivorship work with the broader national policy agenda.</p> <p>This research will review the Framework’s relevance to cancer survivorship using two approaches: 1) review evidence on comorbid chronic diseases in cancer survivors and how this evidence relates to the Framework priorities and 2) a consensus building study using Delphi methodology to identify priorities for management of multimorbidity in cancer survivors using the National Framework as a starting point.</p>
<p><i>Knowledge, provision, and utilisation patterns of Chronic Disease Management Plans and Team Care Arrangements</i></p> <p>Co-Primary mentors: Prof Gail Garvey Dr Nicolas Hart</p>	<p>Chronic Disease Management Plan (CDMP) services help eligible practitioners coordinate health care using Team Care Arrangements (TCA)’s for patients with chronic or terminal medical conditions. Chronic disease is one of the main factors behind the gap in life expectancy between First Nations people and non-Indigenous Australians.</p> <p>Using a linked administrative dataset with all Queensland cancer diagnoses in 2011-2015 and all hospital and emergency department admissions, as well as Medicare and pharmaceutical claims from 2011-2018, this study will identify CDMP and TCA item use, frequency and healthcare use post cancer diagnosis for First Nations People and non-Indigenous Australians in Queensland.</p>

Research topic	Early direction
<p data-bbox="180 271 459 421"><i>Financial Toxicity and Patterns of Care for First Nations People with cancer</i></p> <p data-bbox="180 465 459 577">Co-Primary mentors: Prof Gail Garvey Dr Daniel Lindsay</p>	<p data-bbox="483 271 1353 465">There are well-documented disparities in key cancer outcomes between First Nations people and other Australians, including overall cancer survival rates. Among other factors, a key driver of this inequity is a lack of healthcare utilisation among First Nations People.</p> <p data-bbox="483 510 1393 705">Using a linked administrative dataset containing all Queensland cancer diagnoses in 2011-2015 and all hospital and emergency department admissions, as well as Medicare and pharmaceutical claims from 2011-2018, this study will identify patterns of healthcare use post cancer diagnosis for First Nations People in Queensland.</p>
<p data-bbox="180 779 459 1048"><i>Developing a practical guidance tool to assist with choice of appropriate survivorship models of care.</i></p> <p data-bbox="180 1093 459 1205">Co-Primary mentors: Prof Raymond Chan Prof Michael Jefford</p>	<p data-bbox="483 779 1361 1093">A range of models of survivorship care exist internationally. However, the specialist-led model of care remains the single most prevalent in Australia. There are several known barriers to implementation. One of these barriers is organisations'/clinicians' unfamiliarity with how to select the most suitable model for their context and plan implementation accordingly. There needs to be a range of relevant considerations for clinical, political and practical (workforce and resources) contexts.</p> <p data-bbox="483 1137 1393 1288">In this project, the Fellow will develop a guidance tool to help cancer leaders to select the most appropriate model of care and plan implementation and roles accordingly. The deliverable of this project is expected to complement the COSA Model of Survivorship Care.</p>